

Department of Health and Human Services
Public Health Service Commissioned Corps
Division of Commissioned Personnel

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2807-1,
“REPORT OF MEDICAL HISTORY”**

**APPLICANTS TO THE
JUNIOR COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM**

NOTE: Failure to complete DD Form 2807-1 according to these instructions will delay your medical clearance, which is required prior to appointment.

1. All items except **Item #30** must be completed. A physician's services are not necessary to complete this form.
 - a. **Item #8** – Please list the medications currently used and the conditions for which they are used.
2. All positive history and each positive answer must be explained in detail. Include in your explanations diagnoses, dates, duration, frequency of episodes, extent, treatment, and present symptoms and/or functional limitations.
3. Additional Medical Information:
 - a. Height: _____ (in inches - no shoes)
 - b. Weight: _____ (in pounds - light clothing)
 - c. Age: _____ (in years)
4. Please return this instruction sheet with your DD Form 2807-1, “Report of Medical History,” to:

Division of Commissioned Personnel
ATTN: Recruitment and Assignment Branch
5600 Fishers Lane, Room 4A-15
Rockville, MD 20857-0001

Applicant's Signature

Social Security Number

Applicant's Printed Name

Date